

State of Alabama
Unified Judicial System**AFFIDAVIT of SUBSTANTIAL
HARDSHIP and ORDER**

Case Number

2:06-CV-1109-WKW

Form C-10
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Rev. 2/95

IN THE Montgomery United States District Court ALABAMA
(Circuit, District, or Municipal) (Name of County or Municipality)STYLE OF CASE: Jody Byrd Plaintiff(s) PHS Male Dentist Defendant(s) approx 12-1-06TYPE OF PROCEEDING: Medical MAL - CHARGE(s) (if applicable): 42 USC 1983

- ☒ CIVIL CASE-- I, because of substantial hardship, am unable to pay the docket fee and service fees in this case. I request that payment of these fees be waived initially and taxed as costs at the conclusion of the case.
- ☐ CIVIL CASE--(such as paternity, support, termination of parental rights, dependency) - I am financially unable to hire an attorney and I request that the Court appoint one for me.
- ☐ CRIMINAL CASE--I am financially unable to hire an attorney and request that the Court appoint one for me.
- ☐ DELINQUENCY/NEED OF SUPERVISION - I am financially unable to hire an attorney and request that the Court appoint one for my child/me.

SECTION I.

AFFIDAVIT

1. IDENTIFICATION

Full Name Jody Byrd, Plaintiff Date of Birth 7-29-72

Spouse's Full Name (if married) _____

Complete Home Address Bullock Prison P.O. Box 5107, Union Springs
AL 36089

Number of People Living in Household N/A

Home Telephone No. N/A

Occupation/Job N/A Length of Employment _____

Driver's License Number N/A * Social Security Number _____

Employer N/A Employer's Telephone No. _____

Employer's Address Bullock Corr. Facility
P.O. Box 5107, Union Springs, AL 36089

2. ASSISTANCE BENEFITS

Do you or anyone residing in your household receive benefits from any of the following sources? (if so, please check those which apply.)

☐ AFDC ☐ Food Stamps ☐ SSI ☐ Medicaid ☐ Other Disability Benefits

3. INCOME/EXPENSE STATEMENT

Monthly Gross Income:

Monthly Gross Income _____

Spouse's Monthly Gross Income (unless a marital offense) _____

Other Earnings: Commissions, Bonuses, Interest Income, etc. _____

Contributions from Other People Living in Household _____

Unemployment/Workmen's Compensation, _____

Social Security, Retirement, etc. _____

Other Income (be specific) _____

None
None
None
N/A
None

TOTAL MONTHLY GROSS INCOME

\$ None

Monthly Expenses:

- A. Living Expenses (Prison)
- Rent/Mortgage _____
- Total Utilities: Gas, Electricity, Water, etc. _____
- Food _____
- Clothing _____
- Health Care/Medical _____
- Insurance _____
- Car Payment(s)/Transportation Expenses _____
- Loan Payment(s) _____

\$ None

~~_____~~

~~_____~~

~~_____~~

~~_____~~

~~_____~~

~~_____~~

~~_____~~

SCANNED

* OPTIONAL

WA 12/15/04

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Monthly Expenses: (cont'd from page 1)

Credit Card Payment(s)

Educational/Employment Expenses

Other Expenses (be specific)

None

None

Sub-Total

A \$ None

B. Child Support Payment(s)/Alimony

\$ None

Sub-Total

B \$ None

C. Exceptional Expenses

\$

TOTAL MONTHLY EXPENSES (add subtotals from A & B monthly only)

\$ None

Total Gross Monthly Income less total monthly expenses:

DISPOSABLE MONTHLY INCOME

\$ None

4. LIQUID ASSETS:

Cash on Hand/Bank (or otherwise available such as stocks, bonds, certificates of deposit)

Equity in Real Estate (value of property less what you owe)

Equity in Personal Property, etc. (such as the value of motor vehicles, stereo, VCR, furnishings, jewelry, tools, guns less what you owe)

Other (be specific) Do you own anything else of value? ☐ Yes ☒ No
(land, house boat, TV, stereo, jewelry)

If so, describe

\$ None

~~_____~~

~~_____~~

~~_____~~

~~_____~~

TOTAL LIQUID ASSETS

\$ None

5. Affidavit/Request

I swear or affirm that the answers are true and reflect my current financial status. I understand that a false statement or answer to any question in the affidavit may subject me to the penalties of perjury. I authorize the Court or its authorized representative to attain records or information pertaining to my financial status from any source in order to verify information provided by me. I further understand and acknowledge that, if the Court appoints an attorney to represent me, the Court may require me to pay all or part of the fees and expenses of my court-appointed counsel.

Sworn to and subscribed before me this

_____ day of _____

Judge/Clerk/Notary

Affiant's Signature

Print or Type Name

19/ Jody A Byrd PIS 236532

P.O. BOX 5107, UNION SPRINGS AL 36084

SECTION II.

ORDER OF COURT

IT IS THEREFORE, ORDERED AND ADJUDGED BY THIS COURT AS FOLLOWS:

☐ Affiant is not indigent and request is DENIED.☒ Affiant is partially indigent and able to contribute monetarily toward his defense; therefore, defendant is ordered to pay \$ _____ toward the anticipated cost of appointed counsel. Said amount is to be paid to the Clerk of Court or as otherwise ordered and disbursed as follows: _____☐ Affiant is indigent and request is GRANTED.☐ The prepayment of docket fees is waived.

IT IS FURTHER ORDERED AND ADJUDGED that _____, is hereby appointed as counsel to represent affiant.

IT IS FURTHER ORDERED AND ADJUDGED that the Court reserves the right and may order reimbursement of attorney's fees and expenses, approved by the Court and paid to the appointed counsel, and costs of court.

Done this _____ day of _____, 19 _____.

Judge